

SEC Wall Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
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hours per response.....16.00

Transitingion, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC US	SE ONLY
Pretix	Serial
	1
DATE P	ECEIVED
I	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
THE MEEK PROSPECT Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment) [X ∪LOE
A. BASIC IDENTIFICATION DATA	08057932
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Seidler Oil & Gas, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
7140 East FM 917, Alvarado, TX 76009	817)259-1777_
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Exploration & operations of oil and/or ga	s projects. PROCESSED
	please specify): AUG 2 2 2008
business trust limited partnership, to be formed Month Year	THOMSON REUTER
Actual or Estimated Date of Incorporation or Organization: U17 06 XActual Est Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta	mated c:
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	্ৰেচ্ছ
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offerin and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	g. A notice is deemed filed with the U.S. Securities
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only repthereto, the information requested in Part C, and any material changes from the information previously supnot be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim f accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	· · · · · · · · · · · · · · · · · · ·
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unit	xemption. Conversely, fallure to file the ess such exemption is predictated on the

filing of a federal notice.

		A. BASIC ID	ENTIF	ICATION DATA				
2. Enter the information re	equested for the fo	llowing;						
 Fach promoter of 	the issuer, if the is	suer has been organized t	within t	ne past five years;				
 Each beneficial ow 	ner having the pov	er to vate or dispose, or d	lirect the	vote or disposition	of, 10	% or more o	of a clas	ss of equity securities of the issuer
 Each executive off 	ficer and director o	of corporate issuers and o	f corpor	ate general and mar	aging	partners of	fpurtne	ership issuers; and
 Each general and 	managing partner (of partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	K	Executive Officer	*	Director		General and/or Managing Partner
Full Name (Last name first, SETDLER, FR	· ·				<u> </u>			
Business or Residence Address F140 East F1	ess Number and 1 917, ALV	Street, City, State, Zip Carado, TX 7600	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	K	Executive Officer		Director		General and/or Managing Partner
Full Name (I ast name first,	if individual)							· · · · · · · · · · · · · · · · · · ·
SEIDLER, CA	NDACE							
Business or Residence Addre								
7140 East Fi	4 917, Alva	arado, TX 7600	9					
Check Box(es) that Apply:	Promoter	Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
HARKREADER,								
Pusiness or Residence Address 7140 FM 917		Street, City, State, Zip Carado, TX 7600						
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)				_	, <u>.</u>		
LEE, THOMAS				·				
Business or Residence Addre 7140 East FI		Street, City, State, Zip Carado, TX 7600						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, SEIDLER Oi		LP						
Business or Residence Addre								
7140 East	FM 917,	Alvarado, TX	76	009				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Lust name first,	f individual)					,		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			·	_ 	
Check Box(es) that Apply	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (f.ast name first, i	f individual)							~ , , , , , , , , , , , , , , , , , , ,
Business or Residence Addre	vs. (Number and	Street City State 7 in Co	ode)					
parameter of Residence Adult	es transmet min	man, city, mile, asp Cl		•				

				B. 1	INFORMAT	TION ABO	UT OFFER	ING				
1. Has th	• issues co	ld, or does	the items	intend to -	all to non		investor:	n this off-	ring?		Yes	No
i. itasur	C 1330E1 30	ru, or uoes			n Appendi:					*************	··· 🗀	Ū.
2. What i	s the minis	num invest					-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s 1	0,000
											Yes	No
		permit joi										
commi If a per or state a broke	ssion or sin son to be li es, list the r er or dealer	ation reques nilar remun sted is an as same of the r, you may	eration for isociated p broker or d set forth th	solicitation erson or ag lealer. If m	of purchasent of a bro ore than fiv	sers in conn ker or deal (c (5) perso	ection with er registere ons to be lis	n sales of se d with the l ned are ass	curities in SEC and/or	the offerin with a sta	g. te	
Full Name	(Last name	first, if inc	lividual)	N/	A							-
Business or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)			··-			
Name of As	sociated B	roker or De	aler	 .							· -	
States in W	hich Perso	n 1 isted He	s Solicited	or Intende	to Solicit	Purchasers						
		s" or check							••••	***************************************	🔲 A	ll States
ראא	רצעו	ופלבו	মেলা	(ZZ)	(হতা	(Zen)	ന്ദ്ര	ক্রেন	(Ef.)	(CA)	(1317)	[ID]
	AK IN	(IA)	[AR]	CA KY	CO LA	CT ME	DE MD	DC MA	[FL]	GA MN	HI MS	MO
MT	(NE)	[NV]	[NH]	N)	NM)	NY	NC	[ND]	OH	OK	OR	PA
RI		<u>[SD]</u>	(<u>177</u>)	TX	UT	(VT)	VA	WA	WV		WY	PR
Full Name (Last name	first, if ind	lividual)									
Business or	Residence	e Address (Number an	d Street, C	City, State,	Zip Code)	············			· · · · · · · · · · · · · · · · · · ·		
Name of As	sociated B	roker or De	aler		<u></u>	······································					······································	
States in Wi	nich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)	**************	******************		.,.,,,		**************	. 🗀 AI	l States
ΔĹ	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	[ĪN]		[KS]	KY)	LA	ME	MD	MA	MD	MN	MS	MO
MT	NE	NY	NH	N)	NM	NY	NC	ND	OH	OK	OR	PA
RI	[SC]	SD	TN	TX	(UT)	VT	VA	WA	₩Ÿ)	WI	WY	PR
Full Name (Last name	first, if ind	ividual)									
Business or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						
Name of Ass	sociated Br	roker or De	aler		····		 -	·· · ···				
in 1971	ish Dansa	. I ion al II-	- C-lisited	en lacenda	ta Caliais	D						
States in Wh (Check		s" or check		_				,			. 🗆 🗚	l States
	ועדיין	[उम्रा	 -∑#.1	(24 <u>17</u> 1			تعطا	(চক্ৰ	ריפון	רבאן	רית פרו	[fish
AL	AK	AZ	AR	(CA)	CO)	CT (XTE)	DE)	DC MA	FL MI	GA MN	HI MS	MO
MT	(NE)	IA NV	(KS)	(KY)	NM)	ME NY	MD NC	ND	OH	OK)	OR	PA
(MI)	נאבו (גרו	(<u>177</u>)		(TTX)	111T)	(VT)	IVA:	WA)	(WV)	(AI)	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Equity Common Preferred Convertible Securities (including warrants) Working Interests 2,300,000 s Other (Specify Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of Offering Rule 505 Regulation A Rule 504 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ \$_____ Printing and Engraving Costs K \$___ Accounting Fees ______ KEngineering Fees Sales Commissions (specify finders' fees separately) 345,000. 677,324. Other Expenses (identify) Organization & offering expenses

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

in response to Part C — Question 1 This difference is the "adjusted gross		1,622,676.
uer used or proposed to be used for ot known, furnish an estimate and listed must equal the adjusted gross of 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
eological &	<u>()</u> 9	
Geophysica ¹	ļ. J. *	<u> </u>

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r involved in this is of another	rn \$	пs
	m s	□\$
ests ig costs] \$	X \$ 695,819. X 351,857.
	□\$	s
	3,466,000	1,162,676.
		, 622, 676
AL SIGNATURE		
aly authorized person. If this notice. Securities and Exchange Commis r pursuant to paragraph (b)(2) of I	sion, upon writte Rule 502,	le 505, the following n request of its staff,
ta kreade	Date 8/3	2/08
cr (Print or Type) ce President		/

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF RECEIPE

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		<u>.</u> .
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Seidler Oil & Gas, LP	Signature Emie Hankreader	Date 8/2/08
Name (Print or Type) Ernie Harkreader	Title (Print or Type) Vice President	′ ′

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PENDIX				
1	intended to non-dimensional	2 it to sell accredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		under St (if yes, explana welver	infloation ate ULOB attach ation of granted) from 1)			
State	Yes	No	Working Interests	king Number of			Number of Non-Accredited Exvestors Amount		
AL									
AK									
AZ		Х	\$2,300,000						X
AR		X	100,000						Х
CA		X	2,300,000		10000	Ð			х
СО		x	2,300,000						X_
СТ		X	2,300,000						Х
DE									
DC	<u> </u>								
FL		X	2,300,000					<u></u>	X
QΑ		х	2,300,000						X
Ht		X	2,300,000						Х
Ф		!							
п		x	2,300,000						X
IN									
IA		X	2,300,000						Х
KS									
KY									
LA		х	2,300,000	1	1000	0			Х
ME									
MD	<u> </u>								
МА									
MI		х	2,300,000					ļ	x
MN		x	2,300,000	1					х_
MS		Y	2,300,000	}	<u> </u>				

,,- -				APP	ENDIX				
1	Intend to non-e investor	2 to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Working Interests	Number of Accredited Investors	Amount	Yes	No		
MO								<u> </u>	
MT									
NE		x	2,300,000						Х
NV		х	2,300,000					<u> </u>	x
ИН		:							
KI									
NM		Х	2,300,000						X
NY		X	2.300.000						Х
NC		v	2,300,000						x
ΝĐ									
ОН		X	2,300,000					 	X
OK			A						
OR		х	2,300,000					ļ	X
PA								ļ	
RI		[
SC								ļ	
SD									
TN		X	2,300,000		10000			<u> </u>	X
TX		X	2,300,000		100,000 200,00	2			x
ហ		T L					<u> </u>		
VT									
VA		x	2,300,000					 	X
WA		<u> </u>	2,300,000					ļ	_x_
wv									
WI		x	2,300,000					<u>L</u>	x